

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Washington

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Washington County.

The report is a PDF (Adobe Acrobat) document and includes a total of 69.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELLENS HOME GERMANTOWN (0012364)

Address: N113 W16358 SYLVAN CIR, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 10/1/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141470 **End Date:** 9/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H4VY11 Served 12/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/16/23	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/16/23	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/16/23	
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	1/16/23	

Survey ID: 0139230 **End Date:** 4/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ELLENS HOME GERMANTOWN--0012364)

Date Complaint Received: 9/13/2022

Date Investigation Completed: 9/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/22/2022

Date Investigation Completed: 9/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

H4VY11
H4VY11
H4VY11
H4VY11
H4VY11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELLENS HOME SOUTH (0014373)

Address: W150N11127 FOND DU LAC, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 2/1/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143034 **End Date:** 2/15/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IMUC11 Served 5/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0139228 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137289 **End Date:** 9/8/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ELLENS HOME SOUTH--0014373)

Date: 5/12/2023

SOD #IMUC11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ELLENS HOME SOUTH--0014373)

Date Complaint Received: 4/18/2023

Date Investigation Completed: 5/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/6/2023

Date Investigation Completed: 5/26/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/3/2022

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/15/2022

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 5/16/2022

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 3/21/2022

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/31/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 2/15/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/1/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 9/8/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/14/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 9/8/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/1/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 9/8/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/11/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 9/8/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/5/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 9/8/2021

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FAIRWAY KNOLL (0017410)

Address: N112W17500 MEQUON ROAD, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 2/1/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141532 **End Date:** 10/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P5OQ11 Served 12/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/22/23	
83.47(2)(e)	OTHER EVACUATION DRILLS	1/22/23	

Survey ID: 0135871 **End Date:** 3/25/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (FAIRWAY KNOLL--0017410)

Date Complaint Received: 12/27/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/10/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/22/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 10/10/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 8/30/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 10/10/2022

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/31/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 3/25/2021

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 8/17/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 3/25/2021

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FRONTIDA OF GERMANTOWN (0018581)

Address: N109 W17525 Virginia Ave, Germantown, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 7/1/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142291 **End Date:** 1/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139800 **End Date:** 5/24/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GF5011 Served 6/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/24/22	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/24/22	

Survey ID: 0136713 **End Date:** 7/8/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (FRONTIDA OF GERMANTOWN--0018581)

Date Complaint Received: 12/6/2022

Date Investigation Completed: 1/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/28/2022

Date Investigation Completed: 1/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/12/2022

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED GF5011

Date Complaint Received: 7/7/2021

Date Investigation Completed: 7/8/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GERMANTOWN HOME (0012454)

Address: W164 N10502 TIMBERLINE CT, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 9/1/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MATTERHAUS (0017235)

Address: N109 W17000 AVA CIR, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 11/1/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139184 **End Date:** 3/31/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136905 **End Date:** 7/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B24J11 Served 8/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	3/30/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/30/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/30/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/30/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/30/22	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	3/30/22	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	3/30/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MATTERHAUS--0017235)

Date: 8/5/2021 **SOD #**B24J11 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.37(1)(g)

Complaint History (MATTERHAUS--0017235)

Date Complaint Received: 6/30/2021

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/26/2021

Date Investigation Completed: 7/1/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/21/2020

Date Investigation Completed: 7/1/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARTFORD ESTATES I (0017805)

Address: 109 LONE OAK LN, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 10/30/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143057 **End Date:** 3/14/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZNM911 Served 5/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.47(2)(d)	FIRE DRILLS	6/29/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/29/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/29/23	Yes

Survey ID: 0136755 **End Date:** 7/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135925 End Date: 3/25/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WVEY11 Served 4/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	7/14/21	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	7/14/21	Yes

Enforcement History (HARTFORD ESTATES I--0017805)

Date: 4/5/2021 SOD #WVEY11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (HARTFORD ESTATES I--0017805)

Date Complaint Received: 1/6/2023 Date Investigation Completed: 3/14/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARTFORD ESTATES II (0018123)

Address: 111 LONE OAK LANE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 8/1/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137481 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135945 **End Date:** 3/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IJXK11 Served 4/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/23/21	
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/23/21	
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/23/21	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/23/21	

Survey ID: 0134580 **End Date:** 8/13/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HARTFORD ESTATES II--0018123)

Date Complaint Received: 10/13/2021

Date Investigation Completed: 10/14/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/11/2021

Date Investigation Completed: 10/14/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 1/28/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IJXK11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAJESTIC HEIGHTS ASSISTED LIVING II (0016367)

Address: 63 SOUTH WACKER DRIVE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 12/1/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0135997 **End Date:** 4/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAJESTIC HEIGHTS ASSISTED LIVING (0015124)

Address: 85 S WACKER DR, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 7/1/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0135995 **End Date:** 4/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT HARTFORD (THE) (0015651)

Address: 1025 BELL AVE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 6/1/2016 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142996 **End Date:** 4/28/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140720 **End Date:** 8/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TQ5O11 Served 9/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/27/22	
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	10/27/22	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136797 **End Date:** 7/7/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RYVC11 Served 7/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	9/6/21	
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/6/21	

Complaint History (WATERFORD AT HARTFORD (THE)--0015651)

Date Complaint Received: 8/23/2021

Date Investigation Completed: 8/17/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	TQ5O11
RESIDENT RIGHTS	SUBSTANTIATED	TQ5O11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	TQ5O11

Date Complaint Received: 11/28/2020

Date Investigation Completed: 7/7/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON PLACE AT HARTFORD (0017434)

Address: 615 HILLDALE DRIVE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 3/5/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141515 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136804 **End Date:** 7/7/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LOY911 Served 7/21/2021

Deficiencies Cited
83.37(3)(c)

Subject Area
MEDICATION STORAGE: LOCKED CABINET

Compliance
Verified
9/5/21

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WELLINGTON PLACE AT HARTFORD--0017434)

Date Complaint Received: 11/21/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/9/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/2/2020

Date Investigation Completed: 7/7/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDARHURST OF JACKSON (0015325)

Address: N168 W22022 MAIN ST, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 12/1/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141823 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WZSJ12 Served 1/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/26/23	

Survey ID: 0139967 **End Date:** 6/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MCSP11 Served 6/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	8/11/22	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139652 **End Date:** 3/9/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZSJ11 Served 5/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	11/10/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/10/22	Yes
83.25	CONTINUING EDUCATION	11/10/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/10/22	Yes

Survey ID: 0138980 **End Date:** 12/5/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2EH213 Served 3/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	11/10/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/10/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/10/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CEDARHURST OF JACKSON--0015325)

Date: 5/25/2022

SOD #WZSJ11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 3/16/2022

SOD #2EH213

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CEDARHURST OF JACKSON--0015325)

Date Complaint Received: 10/19/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/11/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/7/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

WZSJ12

PROGRAM SERVICES

SUBSTANTIATED

WZSJ12

Date Complaint Received: 3/28/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

WZSJ12

PROGRAM SERVICES

SUBSTANTIATED

WZSJ12

RESIDENT RIGHTS

SUBSTANTIATED

WZSJ12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

WZSJ12

Date Complaint Received: 12/14/2021

Date Investigation Completed: 3/9/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/10/2021

Date Investigation Completed: 6/23/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MCSP11

Date Complaint Received: 1/8/2021

Date Investigation Completed: 12/5/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/17/2020

Date Investigation Completed: 12/5/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FOREST VIEW MANOR (0017400)

Address: W194 N16744 EAGLE DRIVE, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 2/15/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136462 **End Date:** 6/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135842 **End Date:** 2/24/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YWFFV11 Served 3/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/10/21	Yes
83.25	CONTINUING EDUCATION	6/10/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/10/21	Yes
83.29(2)	ADMISSION AGREEMENT	6/10/21	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/10/21	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	6/10/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (FOREST VIEW MANOR--0017400)

Date: 3/22/2021

SOD #YWFV11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: EXODUS TRANSITIONAL CARE FACILITY (310376)

Address: 1421 FOND DU LAC AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 6/1/1980 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142682 **End Date:** 2/1/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K4XX11 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/20/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KETTLE MORaine GARDENS (0019014)

Address: 1802 EDGEWOOD ROAD, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 8/31/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140676 **End Date:** 8/31/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN OAKS (0016717)

Address: 227 E WASHINGTON STREET, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 8/1/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142357 **End Date:** 3/3/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136914 **End Date:** 8/4/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135490 **End Date:** 1/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AUTUMN OAKS--0016717)

Date: 6/17/2020 **SOD #**CSCB11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.48(4)(d)

FORFEITURE---83.55(6)(b)

FORFEITURE---83.63(2)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AUTUMN OAKS--0016717)

Date Complaint Received: 2/22/2023

Date Investigation Completed: 3/3/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/6/2021

Date Investigation Completed: 8/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY VILLA ASSISTED LIVING IV (0016309)

Address: 1727 AMERICAN EAGLE DR, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 9/26/2016 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142495 **End Date:** 3/16/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139983 **End Date:** 6/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139440 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138214 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W5PE11 Served 1/6/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
4/12/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136731 **End Date:** 7/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SERENITY VILLA ASSISTED LIVING IV--0016309)

Date: 1/6/2022 **SOD #** W5PE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SERENITY VILLA ASSISTED LIVING IV--0016309)

Date Complaint Received: 1/2/2023 **Date Investigation Completed:** 3/16/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 8/3/2021 **Date Investigation Completed:** 6/21/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 5/24/2021 **Date Investigation Completed:** 7/2/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY VILLA ASSISTED LIVING (0015363)

Address: 1707 AMERICAN EAGLE DR, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 12/18/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139442 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138215 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QF0U11 Served 1/6/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
4/12/22

Corrected
Yes

Enforcement History (SERENITY VILLA ASSISTED LIVING--0015363)

Date: 1/6/2022 **SOD #**QF0U11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY VILLA II (0013482)

Address: 1600 AMERICAN EAGLE DR, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 12/1/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139443 **End Date:** 4/11/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138218 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10DQ11 Served 1/6/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
4/11/22

Corrected
Yes

Survey ID: 0136732 **End Date:** 7/2/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SERENITY VILLA II--0013482)

Date: 1/6/2022 **SOD #**10DQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SERENITY VILLA II--0013482)

Date Complaint Received: 5/19/2021

Date Investigation Completed: 7/2/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY VILLA (0012822)

Address: 1650 AMERICAN EAGLE DR, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 7/1/2010 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141271 **End Date:** 10/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139439 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138219 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9T0411 Served 1/6/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
4/12/22

Corrected
Yes

Survey ID: 0136931 **End Date:** 8/4/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SERENITY VILLA--0012822)

Date: 1/6/2022 SOD #9T0411 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (SERENITY VILLA--0012822)

Date Complaint Received: 2/8/2022

Date Investigation Completed: 10/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 5/30/2021

Date Investigation Completed: 8/4/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/12/2021

Date Investigation Completed: 8/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR POINT CBRF (0014764)

Address: 230 232 ARBOR POINT AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/7/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141874 **End Date:** 1/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ARBOR POINT CBRF--0014764)

Date Complaint Received: 1/3/2023

Date Investigation Completed: 1/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CALM HARBOR (0014975)

Address: 141 S 8TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 3/31/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143223 **End Date:** 3/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QKFN11 Served 5/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARRIE LANE HOUSE (0013172)

Address: 1707 CARRIE LN, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 3/1/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143245 **End Date:** 3/24/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUIZ12 Served 6/2/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		

Survey ID: 0141219 **End Date:** 8/1/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUIZ11 Served 11/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER	3/24/23	Yes
	BACKGROUND CHECK		
83.25	CONTINUING EDUCATION	3/24/23	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE	3/24/23	Yes
	PROCEDURE		
83.42(1)	RESIDENT RECORD MAINTAINED	3/24/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/24/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/24/23	No

Survey ID: 0134798 End Date: 9/11/2020 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CARRIE LANE HOUSE--0013172)

Date: 11/2/2022 SOD #QUIZ11 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.43(1)

Complaint History (CARRIE LANE HOUSE--0013172)

Date Complaint Received: 1/11/2022 Date Investigation Completed: 8/1/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	QUIZ11

Date Complaint Received: 8/16/2021 Date Investigation Completed: 8/1/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	QUIZ11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHESTNUT CBRF (0015075)

Address: 346 S MAIN ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 5/13/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141774 **End Date:** 11/1/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #36RR11 Served 1/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/23/23	
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/23/23	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/23/23	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/23/23	
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	2/23/23	

Survey ID: 0135927 **End Date:** 3/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CHESTNUT CBRF--0015075)

Date: 6/16/2020 **SOD #**B0UV11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.43(1)

Complaint History (CHESTNUT CBRF--0015075)

Date Complaint Received: 1/31/2022

Date Investigation Completed: 11/1/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMPASSIONATE HEIGHTS (0017719)

Address: 1937 NORTH MAIN STREET, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 11/1/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141937 **End Date:** 1/23/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134618 **End Date:** 8/26/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COMPASSIONATE HEIGHTS--0017719)

Date Complaint Received: 4/21/2022

Date Investigation Completed: 1/23/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CORNERSTONE (THE) (0016530)

Address: 330 ARBOR POINT AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 3/1/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143036 **End Date:** 5/10/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143284 **End Date:** 3/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q66L11 Served 6/7/2023

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142216 **End Date:** 11/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6YR411 Served 2/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/3/23	
83.41(2)(a)	NUTRITION: DIET	4/3/23	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	4/3/23	

Survey ID: 0137053 **End Date:** 8/17/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CORNERSTONE (THE)--0016530)

Date Complaint Received: 5/4/2023

Date Investigation Completed: 5/10/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/19/2023

Date Investigation Completed: 5/10/2023

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 3/8/2023

Date Investigation Completed: 3/22/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/12/2022

Date Investigation Completed: 11/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/18/2022

Date Investigation Completed: 11/16/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
6YR411
6YR411
6YR411

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 5/3/2021

Date Investigation Completed: 8/17/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CORNERSTONE II (THE) (0016989)

Address: 330 ARBORPOINT AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/1/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143293 **End Date:** 3/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FRN811 Served 6/7/2023

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

Survey ID: 0137045 **End Date:** 8/17/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COTTAGES AT CEDAR RUN THE (0015048)

Address: 6090 SCENIC DR, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 7/15/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142503 **End Date:** 3/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140834 **End Date:** 9/21/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137300 **End Date:** 9/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COTTAGES AT CEDAR RUN THE--0015048)

Date Complaint Received: 1/4/2023

Date Investigation Completed: 3/16/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/8/2022

Date Investigation Completed: 9/21/2022

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FIELDS OF WASHINGTON COUNTY THE (0012737)

Address: 531 E WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 8/1/2010 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137363 **End Date:** 9/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: HAWTHORN MANOR INC (310413)

Address: 321 HAWTHORN DR, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 12/1/1989 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142336 **End Date:** 11/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UHQS11 Served 3/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW
83.37(1)(g)	DISPOSITION OF MEDICATIONS
83.37(1)(j)	PROOF-OF-USE RECORD
83.41(3)(b)	FOOD SAFETY
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED
83.45(3)	TOXIC SUBSTANCES
83.46(1)(c)	HEATING SYSTEM MAINTENANCE
83.46(1)(f)	COMBUSTIBLES
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS

Enforcement History (HAWTHORN MANOR INC--310413)

Date: 3/1/2023

SOD #UHQS11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.12 2A
FORFEITURE---83.17 1
FORFEITURE---83.19
FORFEITURE---83.20 2A-D
FORFEITURE---83.21 1-3
FORFEITURE---83.25
FORFEITURE---83.32 3D
FORFEITURE---83.37 1E
FORFEITURE---83.47 2D
FORFEITURE---83.47 2F

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (HAWTHORN MANOR INC--310413)

Date Complaint Received: 1/20/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UHQS11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UHQS11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: IVY MANOR OF WEST BEND BLDG 2 (0014319)

Address: 350 S FOREST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 9/24/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139878 **End Date:** 6/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137018 **End Date:** 8/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (IVY MANOR OF WEST BEND BLDG 2--0014319)

Date Complaint Received: 10/8/2021

Date Investigation Completed: 6/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/25/2020

Date Investigation Completed: 8/16/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/6/2020

Date Investigation Completed: 8/16/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: IVY MANOR OF WEST BEND BUILDING 3 (0015803)

Address: 365 S FOREST AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/1/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143027 **End Date:** 4/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137037 **End Date:** 8/16/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (IVY MANOR OF WEST BEND BUILDING 3--0015803)

Date Complaint Received: 4/14/2023

Date Investigation Completed: 4/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/25/2020

Date Investigation Completed: 8/16/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: IVY MANOR OF WEST BEND (0013787)

Address: 370 S FOREST AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/1/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137012 **End Date:** 8/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (IVY MANOR OF WEST BEND--0013787)

Date Complaint Received: 12/15/2020

Date Investigation Completed: 8/16/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/25/2020

Date Investigation Completed: 8/16/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVE-WEST BEND (0013625)

Address: 2130 CONTINENTAL DR, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/20/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143229 **End Date:** 3/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HUGG11 Served 5/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.38(1)(a)	PERSONAL CARE		
83.41(3)(b)	FOOD SAFETY		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.47(2)(f)	HORIZONTAL EVACUATION		

Survey ID: 0136858 **End Date:** 7/22/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE-WEST BEND--0013625)

Date Complaint Received: 11/16/2020

Date Investigation Completed: 7/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT WEST BEND (THE) (0015650)

Address: 831 E WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 5/21/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142320 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140611 **End Date:** 8/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I46J11 Served 8/31/2022

Deficiencies Cited

83.55(6)(b)

Subject Area

BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance

Verified

2/27/23

Corrected

Yes

Survey ID: 0139879 **End Date:** 6/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137983 **End Date:** 8/31/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #35PO11 Served 12/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	6/10/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	6/10/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	6/10/22	Yes

Enforcement History (WATERFORD AT WEST BEND (THE)--0015650)

Date: 8/31/2022 **SOD #**I46J11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.55(6)(b)

Date: 12/15/2021 **SOD #**35PO11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WATERFORD AT WEST BEND (THE)--0015650)

Date Complaint Received: 2/7/2023

Date Investigation Completed: 2/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 7/18/2022

Date Investigation Completed: 8/2/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

I46J11

PROGRAM SERVICES

SUBSTANTIATED

I46J11

Date Complaint Received: 12/28/2020

Date Investigation Completed: 8/31/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/26/2020

Date Investigation Completed: 8/31/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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